REPORT No 15

CAPACITY OF THE GOA TO IMPLEMENT SOCIAL AND HEALTH SECTOR REFORMS: REPORT OF EXPERT SURVEY

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PREFACE

Under the Armenia Social Transition Program that PADCO is conducting under contract for USAID, PADCO is required to assess the capacity of officials in the Ministries of Social Security and Health to implement reforms in social services and to educate the public about the need for and the nature of those reforms. Under Task 1D:T2 PADCO will conduct an *Assessment of resources and capacity of GOA and regional governments to provide public education* and under Task 1D: T4 *to Develop capacity within GOA for increased public outreach.*

This preliminary report – based on interviews with 22 experts from different ministries at the national level and from different levels of government – was prepared under contract to PADCO by staff and experts from Yerevan State University, Department of Sociology under the direction of Dr. Ludmilla Haratyunyan. Its purpose is to report on the opinions of experts within the GOA and among local governments about social sector reform issues.

The views expressed in the report are those of the experts and do not necessarily reflect the views of Yerevan State University or the Armenia Social Transition Program.

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1. INTRODUCTION

1.1. THE AIMS AND OBJECTIVES

The purpose of this preliminary report is to summarize the present level of understanding of social sector reform issues among decision makers within the GOA and among local governments on issues related to social sector reform. All the statements regarding these issues – including statements on the strengths and weaknesses of the present system of governance, the definition of reforms, and the possible solutions to the problems described in this report – are statements from the experts interviewed in preparing this report. Unless explicitly stated in the text, the opinions do not reflect the views of the specialists from Yerevan State University conducting the interviews or of PADCO. In some summary statements, however, the judgment of the interviewers has been explicitly included. To allow the interviewees freedom of expression, quotations (*shown in italics*) are not attributed to individual interviewees but have been selected by the interviewers where they are representative of the views of a group of experts.

This is part of an overall assessment of capacity – in particular in the Ministry of Social Security and Ministry of Health as well among local authorities – to design and implement reforms in the social sector and to communicate effectively with the public about these reforms. This is the first step of a process that will involve the monitoring of the opinions of key experts within the GOA, local governments, and the expert community by an independent group (specialists from the Department of Sociology of Yerevan State University) during the course of implementing the Armenia Social Transition Program.

Experts were asked for their opinions and understanding on the following issues:

- strategies, tactics and main priorities for social sector reforms;
- aims and objectives of these reforms;
- obstacles to implementing reforms;
- agencies and institutions participating in the design and implementation of reforms;
- how responsibilities are shared among these agencies and institutions;
- factors limiting coordination among government agencies in implementing reforms;
- resources supporting the reform process;
- views on public understanding of reforms;
- needs and resources available for training and dissemination of information among national and local authorities; and
- type and level of assistance required to strengthen the capacity within the GOA or among local governments to inform the public and key groups of decision makers about reforms.

1.2. METHODOLOGICAL APPROACH OF USING EXPERT INTERVIEWS

This survey uses a qualitative approach to conducting expert interviews because the objective is to form a list of opinions, assessments or statements among a group of informed experts. The unit of analysis is not a respondent but an opinion. The objective is not to identify the number of people sharing a particular opinion. Qualitative methods may include several techniques (such as focus groups, observation, group discussion, etc.). This survey employed expert interviews because experts have special knowledge, relevant professional experience (not less than three years) and skills relevant to answering the survey questions.

Experts were divided into four groups:

1. Policy makers and decision makers, including:

   - Deputy Minister of Social Security
   - Deputy Minister of Healthcare
   - Advisor to the Chairman of the Social Insurance Fund.

2. Decision makers/service providers (heads of the Departments, taking some part in the process of decision-making and having direct or indirect contacts with the population). This group included:

   - Head of Labor Security Department of the Ministry of Social Security (MOSS)

- Head of Employment Department, MOSS
- Head of Pension Department, MOSS
- Head of Social Services Department, MOSS
- Deputy Head of Social Expenditures Department of the Ministry of Finance (MOF)
- Head of Humanitarian Aid Department, MOSS
- Head of Analytic Department, the Ministry of Health (MOH)
- Head of Social Insurance Department, MOSS
- Head of Benefits Department, MOSS
- Head of Special Programs and Emergency Department, MOH
- Head of Healthcare Policy Department, MOH
- Head of Maternity and Childhood Security Department, MOH
- Director of the State Enterprises on Realization of the Programs in Healthcare (under the guidance of the World Bank)
- Head of Disabled and Aged People Department, MOSS.

3. Representatives of local authorities:
   - Advisor of Taghapet of Nor Nork district
   - Advisor of Taghapet of Arabkir district
   - Advisor of Taghapet of Malatia-Sebastia district.
4. Independent experts. This group included:
   - Expert of the Armenian Center of Strategic Research
   - Expert of UN on social issues.

A total of 22 experts were interviewed. The structure of the questions that guided the interviews of the experts is shown in attachment 1 to this report.[1]

2. ANALYSIS: REFORMS IN THE AREA OF SOCIAL ASSISTANCE AND SOCIAL SECURITY

Experts agreed that social sector reform is not a single activity, but is a cluster of consistent long-term changes, including successive and deep institutional and structural changes, implemented by the state and aimed at achieving clearly defined political goals.

2.1. STRATEGY AND TACTICS OF REFORMS

The discussion of the strategy and tactics of social security reforms is aimed at clarifying how well the approach to reform is understood and articulated among the interviewees. By "articulation" we should understand not only written statements of social policy but also the level of understanding of participants of those policies, and their ability to identify goals and objectives, principles, stages and steps. Thus, participants were asked about the overall governance of the social security system and then, specifically about aspects of reforms in the areas of social insurance and social assistance.

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[1] The initial sample, presented by 20 experts and 2 focus-groups, was changed because of difficulties in bringing together focus-groups members: it took three attempts to convene a focus-group of five people while the optimal number for focus-groups is 8-10 people. It was also judged to be dysfunctional work (the representatives of the different sectors – in spite of the common aim of discussing reforms – shared little specific concerns). This does not necessarily preclude the use of focus-groups for this type of survey. However, fulfilling the survey' objectives would require differentiation of the focus-groups members by sector and status. As a result, 8-15 focus-groups would be necessary, which was impossible from the point of view of the time and financial limitations.

2.1.1. *Governance of the Social Security System*

In the judgment of the experts, the structure of administration and management must be changed because, today, functional roles are distributed among ministries and agencies in a way that is dysfunctional. As many experts noted, the rights and responsibilities of different agencies are not well differentiated and are sometimes contradictory. For example, the Fund of Social Insurance is responsible for dealing with the collection of payroll taxes[2] and distribution of benefits but is structurally independent of the Ministry of Social Security, which is expected to coordinate the state's overall policies in the area of social insurance. The influence of the Ministry on the Fund's activity is limited to the role of the Minister as chairperson of the executive council of the Fund.

This lack of clear coordination or subordination is also a major problem in the area of the management and administration of social services. Local social services submit to the regional authorities (marzpetarans). In implementing local programs, this subordination is justified. However, for implementing large-scale national programs (such as the Poverty Family Benefit program), this subordination becomes inefficient. Programs are financed from the state budget. The Ministry designs programs but the activity of local offices is regulated by marzpetarans. This impedes the targeting of social programs because central structures are unable to control the validity of documents produced by from different organizations (marriage registration office, electricity station, condominium, etc.) that are used to establish family eligibility. From the experts' point of view, improving coordination would resolve many problems and avoid mistakes in implementing programmatic reforms.

The second important area through which governance should be improved is through strengthening the qualification of staff. There is no well-defined system to train staff, no clear criteria for allocating staff to specific jobs, or adequate depth in the pool of educated and trained personnel from which ministries and government agencies can draw. Most current employees in the social security area are people with many different professional backgrounds who have to gain the necessary skills and knowledge on the job.

Thus, reform of governance should pursue the following tactical steps:

- review the list of functions of central and local agencies and define these roles in legislation;
- develop computer networks in order to improve mechanisms for transferring data from local offices to national agency centers;
- establish an integrated system of personnel qualifications and training and the creation of a skilled personnel pool through universities, colleges, training courses, re-qualification abroad, etc.

All these tactics are part of implementing reforms. As experts mentioned, the *Law on the State Employee* will soon be passed. In addition, the Parliament and the Government are discussing the issue of consolidating the responsibility for social services policy under the Ministry of Social Security to strengthen the control over the implementation of family benefits and social insurance reforms.

Improvements in information systems are also envisaged. A new information center is being established at the Ministry of Social Security, where data on different social groups will be collected, compared and analyzed. In particular, the center will collect all necessary information on family benefits.

The preparation of staff in social service agencies and in the Ministry today relies on the organization of training courses and seminars, mainly with the assistance of international organizations (USAID, UNDP, etc.). In the experts' opinion, this is not enough. There is a need for stronger special training of social services staff. Moreover, the main focus should be placed on practice to provide a better combination of theoretical knowledge and practical skills.

2.1.2. *Social Insurance*

In a market economy, social insurance is one of the most effective mechanisms of providing the population with social security. The existing social insurance system works on the principle of solidarity of generations, according to which money for paying benefits is collected through mandatory payments by the entire working population. This principle was justified under the planned Soviet economy (payments from the working

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[2] The responsibilities of the SIF in collecting payroll taxes is expected to be transferred over time to the Ministry of State Revenues under a pilot program that was authorized under the tax reforms signed into law by the President on December 29, 2000 [*PADCO footnote*].

population were sufficient to provide adequate benefits relative to average wages). However, under a market economy, insurance systems based on this principle alone no longer provide adequate benefits that meet the considerations of social justice, proclaimed as the basis for social security in Independent Armenia. If earlier, the state could solve many social problems through <u>social</u> insurance, now it should move toward a more direct type of insurance. Each individual should be insured against different social risks by paying insurance premiums to state managed insurance programs.

Reform of social insurance must also take into account one of the key principle of a market economy – various types of ownership. Earlier, there was only one employer – the state; now there are many and they are unwilling to pay for the insurance of others. This means, for example, that if the state wants to provide privileges to some categories of people, it should be responsible for paying for them from general budget revenues rather than from mandatory social insurance payments. Thus, the main aim of the reforms in this area is to establish a system of mandatory social insurance based on:

- the principle of social justice (those who pay payroll taxes should receive benefits proportional to their contributions);
- the principle of comprehensiveness of insurance (the system of social insurance should include all working people to guarantee solidarity of generations); and
- the principle of mandatory social payments (social payments should be paid not only by employees, but by all types of enterprises).

Social insurance should be viewed as a complex of security programs addressing different social risks. The above-mentioned principles are common for all programs or "branches" of insurance, each designed in accordance with a specific risk. These social insurance programs can be divided into four main groups:

- old age pension insurance;
- health insurance;
- unemployment insurance; and
- insurance against work-related accidents and illnesses.

Among these different insurance programs, most experts believe that "*... pension insurance reform is a priority. Pension security is one of the most difficult areas of social security. The reforms of social legislation (in particular, acceptance in 1995 of the Law on the state pension provision of RA citizens) failed to provide for the effective collection of social charges from employers or to establish the basis for a new system of insurance. The introduction of the concept of a "basic pension benefit" and determination of pension's size by the length of service resulted in eliminating differences between people with many years of "covered employment" and people with limited labor input or none at all"*.

Based on this, the most urgent tactical objectives of reforms are to:

- design and enact a law on obligatory pension insurance (in the experts' opinion, this law should be based on a new approach to pension security, i.e. pension should not depend on the length of service, but on the length of covered employment and the amount of contributions paid into the system);
- design and pass a law transferring social pensions from the social insurance fund to the state budget (demand of the principle of social justice to transfer from the insurance system all benefits – such as privileges – not related to social insurance premiums paid by covered employees);
- design and implement a personal identification number (PIN) system that includes all citizens paying social charges (in the experts' opinion, this mechanism will allow employees to be sure that people "earn" their social insurance benefits); and
- introduce and develop voluntary, private social insurance (although exactly how this would be done, the experts believe, has not yet been clearly articulated).

Experts recognize that reforms that meet these objectives will take a lot of time to implement – particularly for establishing a system of personal identification numbers – because they require significant investments in material, technical and human resources in the tasks. Nevertheless, there are a number of positive aspects of current social sector reorganizations that are now based not on the ideology but on the consideration of existing socio-economic conditions of the country and the specific needs of a market economy.

2.1.3. *Social Assistance*

The main aim of reforms in this area is to improve targeting of social assistance. During the implementation of the "Paros" system to assist the most vulnerable social groups of population, the criteria for assessing a family's poverty level were widely criticized. Targeting was ineffective. For example, the rural population was often deprived of assistance while well-off urban families were included in the lists of beneficiaries. Moreover, the amount of benefits was almost the same for all beneficiaries, regardless of their needs. In January 1999, in response to these problems, the state introduced the Poverty Family Benefits Program to improve targeting and to move from the principle of social equality to the principle of social justice. The new system was based on a formula linking benefits to a calculation of the family's needs.

However, the Poverty Family Benefits Program still does not justify itself because of mistakes in targeting mechanisms, and, consequently, it requires further refinement. Recently, the GOA made a decision to establish social assistance councils in order to strengthen the targeting process.[3]

These councils are working, on a voluntary basis, under the guidance of regional social services. They are required to pay particular attention to those families that were not eligible for benefit according to the selection criteria, but, in reality, are needy. Although experts found it difficult to evaluate the activity of these councils (as they were established only few months ago), most considered this initiative as necessary to improve targeting.

The other aim of social assistance reform is to enlarge the activities of social services. Today, social services deal only with the distribution of family benefits and humanitarian aid. In the experts' opinion, social services should provide more comprehensive social support including various care facilities (for aged, ill people, disabled, etc.). One of the experts mentioned also the necessity to include social services in the process of social re-integration of aged and disabled people.

Thus, reforms in social assistance area should be determined by:

- the principle of targeting (assistance should be delivered only to the neediest families);
- the principle of social justice (unlike social insurance, in social assistance this principle means delivering assistance according to the poverty level);
- the principle of comprehensiveness of services (along with financial aid, social programs should include a large number of personal social services).

In the experts' opinion, these principles will be implemented by employing the following tactics in implementing reforms:

1. Creating a national information network covering all social service beneficiaries. According to GOA plans, social services centers should have been connected by modem with the central administration long ago. However, lack of financing impeded the implementation of this initiative. It is now beginning to be implemented with the assistance of international donors.

2. Partial decentralization of technical aspects of service delivery. Today, lists of beneficiaries are prepared by the Mergelyan Institute, located in Yerevan. To simplify the process of getting information and to save time, new software is being developed that will enable social services to compile lists of beneficiaries locally.

3. Better training and preparation of staff as social workers.

4. Developing a new approach to understanding humanitarian aid. In the experts' opinion, along with the distribution of food or financial assistance, humanitarian aid can include activities aimed at the

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[3] The councils consist of:

- social services directors
- heads of employment agencies
- heads of pension insurance centers
- representatives of local authorities (marzpetarans)
- representatives of Youth Issues Department
- representatives of local NGOs.

       development of small and medium businesses, re-integration of the disabled, adoption of orphans, etc.

5. Creating and developing networks of specialized organizations such as rehabilitation centers, day care centers, residential houses for aged people, disabled, etc.

To properly define strategy and tactics, it is also necessary to understand the aims the reforms are intended to achieve. This survey's results allow us to divide the aims of social assistance reforms into two groups: immediate and long-term. In the experts' opinion, immediate aims include:

- designing social programs that strengthen positive *social activity among the* population instead of *passive waiting* for assistance. For example, family benefits in rural areas should be aimed at assessing what recipients need in order to become productive members of the workforce which would promote rural production;

- improving targeting mechanisms;

- designing a system of personified reporting to social insurance agencies to encourage the population to pay social taxes.

Long-term aims are more abstract and include:

- regulation of social relationships;

- formation of a healthy society; and

- increasing solidarity in society.

These can be linked to all types of reforms in the social sphere.

Another important issue raised by the experts is how to define the criteria for evaluating the results of reforms. Experts offered no common criteria. For example, some experts confused criteria with the methodology for evaluation. General approaches to defining evaluation criteria included:

- reducing the volume and content of complaints and letters;

- improving the living standards of population;

- improving targeting mechanisms;

- reducing the rate of unemployment; and

- implementing the principle of social justice.

These criteria are closely linked to the aims of reforms defined by the experts. Thus, it appears that evaluation has been overlooked in designing reforms. As techniques for evaluation, experts suggested the following:

- monitoring (although this was not described in any detail);

- public opinion polls;

- feedback from the population and implementing organizations, now limited to examining complaints and suggestions from people received directly by the Minister or Deputy Ministers. Experts judged this method inefficient and time-consuming because it by-passes middle links – the social services agencies working with the population with more direct knowledge about their problems.

Summarizing, experts feel there is a general strategic and tactical approach to implementing social security reforms in Armenia. But this has been articulated only in the design of normative acts and other documents. Interviewers felt that the reasons for a better articulation of reforms were because:

- Agencies responsible for implementing components of reform lack mechanisms for effective coordination – between social insurance and social assistance systems, for example. For example, ideas about social insurance reform were voiced only by experts in this area, with no input from experts in social assistance – despite an admitted need for links between reforms in these two areas.

- Absence of firm statistics or analysis as the basis for statements – most expert opinions and suggestions were spontaneous rather than supported by reference to analyses or social data.

Interviewers found this shortcoming most obvious at lower levels of government. While decision-makers and policy makers (Ministers, Deputy Ministers) showed a high level of understanding and knowledge of the strategy and tactics of reform, interviewees from local government were aware only of how proposed re-

forms affected their immediate level, but did not regard themselves as a part of an integrated reform process. They expressed only a rough notion of general ideology, the structure, aims and objectives, principles and approaches to implementation of reforms in the social sphere. They most often discussed only the results of concrete humanitarian programs (for example, gas distribution), and could not describe how these activities fit into the overall reform program.

Summarizing, while experts argued that the efficient implementation of reform must be based on a shared understanding of ideology, aims, strategy and tactics, no such common understanding has yet been developed.

2.2. INSTITUTIONAL MECHANISMS FOR IMPLEMENTING REFORMS

Experts were asked about the institutional mechanisms for implementing reforms – defined as the agencies and processes for implementing reforms both at the national and local levels. They were asked about their understanding of the roles and functions of different agents of the reforms as well as to evaluate their possibilities and resources at the national and regional levels. All experts considered a state monopoly on designing and implementing the reforms as completely inappropriate. They identified the main agents for implementing reforms as:

1. The state (central and regional bodies)
2. NGOs
3. Businessmen
4. The beneficiaries of Reform.

2.2.1. The State Role

Through the Ministry of Social Security and the GOA, the state should play the most important role in designing reforms – specifying the basic principles of social policy and developing concrete strategies for problem solving. While acknowledging the need for multilateral discussion of reforms, experts were divided concerning the point of final decision-making.

One group of experts reserved the right of the state to make final decisions, while the other group defended the principle of joint decision-making at all stages. Local authorities, as state representatives, it was felt, should also play key roles in designing reforms because they are more aware of local needs than any competent specialist of the Ministry. Referring to the implementation of reforms, programs aimed at community development should be carried out by local entities. Referring to the large-scale nation-wide social programs (such as the poverty family benefits system), some centralization of administration was considered necessary.

Interviewers concluded that the least clear aspect of central/local relationships was in the area of social assistance because of the contradictions in control mechanisms. One expert noted that "*during the process of implementing humanitarian aid and other social assistance programs the Ministry is not able to control assistance delivery at local level, because regional social services submit to local authorities (marzpetarans) according to the Government's decision. In this case, central structures are only "advisors", observers not able to supervise or impose sanctions, for examples, on the services' inspectors for any violation*".

In the experts' opinion, a much clearer differentiation of the functional roles exists in the area of social insurance. All regional offices of the Social Insurance Fund are directly subordinated to the Social Insurance Fund in Yerevan, which collects all information on collection of contributions and payments of benefits.

The GOA has begun a program to introduce a new three-party approach to Social Insurance Fund's management, i.e. decision making involving the state, employers, and trade unions. However, most experts considered this program not yet clearly defined due to the passiveness of the last two participants.

2.2.2. NGOs as Agents for Reform

In the experts' opinion, both international (financed mainly from abroad) and local NGOs should play an important role in designing and implementing reforms. Established to protect different (often vulnerable) social groups, NGOs are much better aware of their problems. Thus, their contribution to the development of better-targeted social programs should be taken into consideration also .

At the same time, some experts insisted that NGOs can be destructive in some cases *"... concerning implementation of reforms, in particular concrete humanitarian and other social programs, I should note that recently some NGOs provided independent assistance without any agreement with corresponding governing*

bodies. I can explain their position - in the beginning of the 1990s, inefficiencies and corruption in distributing humanitarian aid forced international organizations to avoid governmental structures and to collaborate with other organizations. As a result, the assistance is not systematic: often the same category of people received assistance several times, while others, received none".

Most experts paid serious attention to the problem of regulating relations between the state (Ministry of Social Security) and NGOs to ensure greater effectiveness in the process of implementing the reforms. *"... There is already a League of NGOs under the guidance of the Ministry of Social Security that is responsible for regulating the activity of NGOs in the social sphere. This structure is dealing with the identification of the roles of the state and NGOs in different programs as well as distinguishing their rights and responsibilities. There are already direct results from this collaboration - the NGO "Mission Armenia" carries out day care for single pensioners, receiving the necessary information from the Ministry of Social Security. The other example: new Republican Day Care Center was opened on 1 November, 2000. Its activities are supported mainly by the direct participation of charitable organizations, NGOs, etc".*

2.2.3. Businessmen

Experts viewed the participation of private capital in implementing reforms from two points of view – **charity** and **private insurance**. Charity, they felt, is better developed now in Armenia than is private insurance. Private charity contributes to the amelioration of urgent social problems, providing food and financial assistance to children, aged people, families of soldiers who have died in combat, organization of public food provision, etc. In the experts' opinion, there are a number of areas, where private businesses can be called upon to solve some social problems: for example, construction of special entrances in buildings for the disabled.

But, experts noted, most entrepreneurs act on their own initiative and do not coordinate their activities with government agencies. Experts suggested *"... to create a database of charitable actions. It would provide necessary information on entrepreneurs' activities as creating a basis for their coordination".*

As for private/voluntary insurance, most experts considered its development will be delayed some time because of:

- lack of public confidence in private savings and private financial institutions;
- absence of a properly functioning private capital market;
- lack of an insurance "culture"; and
- absence of relevant legislation.

Most experts considered the lack of public confidence as the main obstacle. Negative recent experience -- bankruptcy of private insurance firms and investment companies, etc. – casts doubt over the prospects for the development of private insurance. If the state were to become the guarantor of private investments, it could provide some basis for further development of private insurance. But, in general, experts found it difficult to describe the prospects for private insurance in Armenia.

2.2.4. Social Services' Beneficiaries

One group of experts supports the participation of beneficiaries in the reforms through mediating agencies such as trade unions and NGOs. However, this point seems somewhat questionable, in particular for trade unions, which are not viewed now as a real power. Another group of experts supported the direct influence of beneficiaries through public feedback. This feedback should be organized at different levels: personal contacts of social services' workers, letters and listening to citizens with complaints, petitions, monitoring of specialized organization (rehabilitation centers, residential houses for aged people, etc.).

Summarizing, experts identified several problems in the institutional mechanisms for implementing reforms:

- lack of clearly defined stages and programs to implement reforms;
- lack of correspondence between the goals of normative acts and the financial resources backing them;
- overlapping functions among departments and agencies, lack of differentiation of functions and responsibilities between different implementers (for example, the unclear role of local authorities); and
- slow and ineffective feedback mechanisms.

These problems arise because the mechanisms for implementing reforms have not yet been fully institutionalized. The mechanisms, some felt, should not be limited to the MOSS but should be expanded to include NGOs, businesses, and local agencies. As yet, these agents are not coordinated nor their roles clearly defined.

2.3. MAIN OBSTACLES TO IMPLEMENTING REFORMS

Experts identified the following obstacles to implementing reforms:

1. Lack of financial resources

2. Lack of skilled personnel and high turnover of specialists

3. Inadequate legislative framework

4. Corruption.

2.3.1. Lack of Financial Resources

One expert claims that "*... the lack of financial resources is a "stumbling block" for the implementation of any project or program in the social sphere. Often, accepted laws become inefficient not due to design imperfections, but due to the lack of finance necessary for their application. For example, the Law on social security confirms the right of disabled of II and III categories for free installation of telephone at the expense of the state budget. However absence of finances has led to ignoring this law*".

Limited money has forced the state to cut social programs from the budget. Next year, for example, the state is cutting financing of poverty family benefits by reducing the number of beneficiaries. Lack of finances is the main reason why MIS systems and databases have not been developed. Lack of financial resources arises not only because of budget deficiencies but also because of the failure to develop other financial sources for social programs (fundraising, targeted usage of private capital, etc.).

2.3.2. Lack of Skilled Personnel and High Turnover Among Specialists

Social services' personnel include many professions with skills learned on the job. In the experts' opinion, the absence of a clearly defined system for professional advancement based on skills and the lack of professional social workers, psychologists, and sociologists impedes the development and expansion of social services to meet the needs of the population.

Experts argued not only for new specialists but for retraining of the current specialists through training courses, seminars, and workshops. In particular, experts approved the initiative of the Ministry of Social Security and PADCO-USAID in organizing seminars focused on social services delivery, the poverty family benefits system, and the realization of other social programs. Approximately 200 representatives of social services all over Armenia would take part in these seminars.

The lack of staff qualifications and training was regarded as a serious issue, both for the Ministry and for local agencies. One reason is the high turnover of senior staff. Frequent changes of ministers prevents continuity in setting and pursuing consistent objectives for reforms, while changes of marzpets, directors, and inspectors of social services block the strengthening of social services systems.

Another reason for the high turnover is low salary. In one expert's opinion "*... recently the Ministry of Social Security has become a "jumping-off place" for career promotion: entering the Ministry, people gain experience and leave for NGOs or more prestigious international organizations. Moreover, at the level of regional social services, this problem is intensified by the work overload of each inspector (over 1,000 people per inspector)*.

2.3.3. Inadequate Legislative Framework

The experts described the inadequate legislative framework for social sector reform from two points of view: absence of relevant normative acts and deficiencies in existing laws. From the first point of view, the most serious omission is the absence of a law identifying a minimal consumer basket (or any other recognized poverty level) – crucial for evaluation of poverty level of families. Most experts, however, focused on the fact that existing laws are not functioning correctly – largely because of the lack of money for their proper administration.

Experts also pointed out that many laws undermine rather than promote the public good. An example is the recent Law on benefits for single mothers that was seen as encouraging people to became single to receive benefits, and, consequently, weakening the traditions of the Armenian family.

Imperfect legislation arises, in the experts' opinion, because of poor decision-making. Drafting laws in the social sphere must take into account many factors - demographical, economical, social-psychological, etc. However, today, much of necessary data is missing and research is not financed. As a result, decisions are made on the basis of outdated information and do not provide a reliable basis for policy development.

2.3.4. Corruption

In the experts' opinion, the main reasons for corruption in the social sphere are pursuit of personal goals, striving for immediate benefits, and low salaries. The most serious violations are observed mainly while determining eligibility for and delivering social benefits. Permanent complaints of beneficiaries include:

- violations during the distribution of humanitarian aid (for example, intentional reduction in the quantity of products allocated);
- subjective attitude of inspectors in evaluating a family's poverty level; and
- false documents submitted by applicants (for examples, false electricity and telephone bills, etc.).

In the experts' opinion, it is necessary to tighten up control mechanisms at each administrative level to overcome corruption. The other solution is to increase salaries "*... salaries should be sufficiently high that social workers should fear to lose their jobs if they are found guilty of illegal activity*".

3. ANALYSIS: REFORMS IN THE AREA OF HEALTHCARE

3.1. STRATEGY AND TACTICS OF HEALTHCARE REFORM

Experts stated that current healthcare reforms in Armenia are based mainly on the principles of "increasing accessibility of healthcare" and "creating the basis for competition of different organizations providing healthcare services in order to provide opportunities of choice for customers". Thus, reforms are aimed at:

- Recognizing health as one of the basic services and human rights;
- Including the whole population – social groups, organizations, the state and the society in general – in the process of improving health care, including promoting healthy life styles and environmental protection;
- Achieving greater accessibility and quality of healthcare;
- Defining new roles for the state and individuals in the healthcare sector; and
- Regulating healthcare finance and improving the use of resources.

Experts underlined three main strategic directions in implementing healthcare reforms:

1. Optimization
2. Privatization
3. Transition to health insurance.

3.1.1. Optimization

Optimization means increasing the efficiency of the healthcare system by:

- optimizing the use of personnel;
- optimizing the use of financial and material resources; and
- establishing the priority for primary medicine and introducing a family doctor system.

In the experts' opinion, optimizing the use of personnel is necessary because "*.... there is an obvious excess of medical staff in all categories. Moreover, the way new specialists are trained often causes the problems. It is determined by many private medical institutions, colleges, and universities, which have no common admission and graduation requirements. The last statement is also true for the State Medical University*".

Thus, it is possible to identify two main mechanisms for optimizing the use of personnel:

1. Licensing of existing personnel. Unlike the current system of licensing, the new system should be standardized through computer tests to eliminate biases using foreign models.
2. Regulation and planning of personnel resources on the basis of common standards of knowledge and skills necessary for working in healthcare, differentiated by staff skill categories.

Optimization of financial and material resources means better and more effective use of financial revenues. It was mentioned that, according to the World Bank, turnover in "shadow" healthcare exceeds by three or four times healthcare expenditures from the state budget. Moreover, this money is not taxed. This problem should be solved through the following mechanisms:

1. Legalizing informal payments. This would allow customers' money to be used for the whole healthcare system, and to be taxed and managed, providing resources to improve the quality of medical services.

2. Inventorying resources to provide an accurate picture of their conditions. Based on this, some reduction or reorganization of unprofitable or non-functioning medical organizations should be completed. Moreover, experts believe that specialized medical facilities are not competitive today and should diversify or be closed.

3. Increasing non-budget revenues, i.e. separation of special categories of services for which patients would have to pay (for example, plastic surgery).

Optimization will lead to increased unemployment among medical staff, necessitating re-qualification training, etc. – a problem that experts feel cannot easily be solved.

Decentralization means reinforcing regional (marz) healthcare departments. This should be done while balancing central and regional resources in terms of accessibility of healthcare for the population. Moreover, decentralization will strengthen the capacity of the system to respond to epidemics. Experts warned that *".... taking into account existing centralization of healthcare in Yerevan, if something happens in the capital, the whole republic will remain without any qualitative medical assistance".*

Some decentralization is occurring: about 70 polyclinics and ambulatory centers in all regions are being repaired and re-equipped. In addition, new diagnostic centers are being constructed in different parts of Armenia, sanitary-epidemiological centers are receiving new equipment, regional hospitals are receiving transportation equipment, etc. In fact, reorganization is based on closer collaboration of all units of healthcare.

The programs of decentralization are tightly linked with the problem of strengthening primary medicine. Giving a systematic priority to primary medicine and introducing family practitioners will mean strengthening polyclinics and bringing them closer to customers' needs. This process will be completed through personnel training and retraining through the National Institute of Healthcare, Medical University (Department of Family Doctors), and the State Medical College as well as re-training of therapists.

One of the experts described the significance of a family doctor system *"... a family doctor should possess knowledge different from those of specialists. He/she is a doctor who does not need the assistance of specialists at the first stage as he/she has sufficient qualifications. Moreover, he/she should also have a basic knowledge of psychology and sociology. Family doctors will sign contracts with families and only if they contract with a minimum number of families will they be allowed to work within polyclinics. Family doctors should know what is going on in these families, and the quality of their work will depend on the health status of their patients. Citizens will be able to choose their family doctors. When necessary, family doctors should direct their patients to specialists".*

Experts linked many problems to the lack of finance and to making healthy lifestyles more popular. The latter, they felt, should be promoted by family doctors. Family doctors should also provide feedback from patients and the healthcare system and protect patients' rights.

Thus, most experts supported the establishment of a family doctor system. However they also warned that if the system is not strongly controlled or is poorly received by the public, family practice could become an expensive and inefficient mediator between the customer and the healthcare system.

3.1.2. Privatization

Privatization of healthcare means not only the complete transfer of each medical facility to private owners, but the partial breaking up and sale of these facilities. Privatization is intended to attract new revenues into the healthcare system by allowing choice between private and the state healthcare.

Experts agreed that the process of privatization is not yet well thought out: *"There is some fear that businessmen will not be interested in the privatization of big hospitals as it requires huge investments and will not become profitable quickly. Taking into account the generally unstable situation in the country, hardly anyone will invest in long-term projects. There is also a negative experience of previous privatization in the country, and it is very important to highlight what facilities should remain under state control".*

3.1.3.   *Transition to Health Insurance*

Experts felt that the transition to health insurance would be completed in two ways. First, there will be obligatory state insurance. Second, individuals should have the opportunity to avail of private health insurance. But experts felt that there is, as yet, no common, agreed upon approach to this. In general, the idea of pluralistic insurance is accepted, but all felt it needs further elaboration. Some of the experts doubted the viability of health insurance because the population cannot afford the premiums.

Experts generally felt it difficult to identify priorities for healthcare reform, suggesting simultaneous, or parallel, implementation of all aspects. This, they felt, is necessitated by the overall priority of the GOA to reduce poverty. Thus, programs aimed at providing healthcare to socially vulnerable groups are viewed as a priority, delaying general restructuring of the healthcare system.

To monitor the efficiency of reforms, experts offered several activities, including so-called community monitoring in collaboration with local authorities. As the experts noted, it is important that such monitoring includes both initial assessment of the situation and final evaluation of the results "*... the community's examination should be carried out according to primary medical criteria – there is a well known instrument for this. There is poverty assessment on the basis of main medical indicators, which will be once more assessed after completion of the program. Moreover, several control surveys should be carried out in those locations, not included in the frames of the program, in order to compare results and to assess the efficiency of the program in general.*"

Referring to criteria for measuring the efficiency of reforms, most of the experts mentioned accessibility and quality of medical services (although none defined more precisely how these would be measured), supplemented by other basic health indicators such as the incidence of illnesses, life expectancy, and birth rate. Most experts considered the completion of the reform process as the main measure of efficiency.

Another possible way to evaluate reforms would be to establish feedback mechanisms from the public. Experts believe healthcare needs social workers that are able to provide contacts with the public professionally. Another way to provide feedback is through family doctors, who can assume some of the social worker's functions.

Summarizing, experts feel that both strategy and tactics are clear enough and well elaborated. However, as was the case in the social security sphere, these steps are not clearly articulated at all levels of decision-making. The reason is the same as for social security – lack of information and inadequate training.

3.2.   INSTITUTIONAL MECHANISMS FOR IMPLEMENTING REFORMS

Healthcare experts unanimously agreed that there is no need for any structural reorganization to implement reforms in healthcare, because decision-making bodies possess sufficient qualification and staff. In the experts' opinion, reforms are and should be designed at the state level. The state necessarily coordinates all activities of healthcare institutions at this stage. There is a need for one integral strategy and the state should provide it with the assistance of specialists invited from different areas.

They felt there should be some decentralization in implementing reforms. For example, new healthcare departments have been established within marzpetarans, and it is expected that marzes will play an important role in defining priorities for their regions. However, generally, the healthcare system is subordinated to and coordinated by the Ministry.

NGOs and independent experts should also play some role in designing legislative initiatives. In particular, experts are responsible for analysis of program efficiency in regions. Interviewees felt that NGOs play important roles in all areas of society. Since the public lacks confidence in the state, NGOs are more trusted. Moreover, most NGOs are trusted by international organizations, thus it seems urgent to develop a dialogue between the state and NGOs.

But some experts mentioned that "*... the main problem with NGO activity is that often they imitated western models, without consideration of legislative framework and the specific needs of our country. The other problem is that they rely on voluntary assistance, which is not widespread in Armenia at the moment, while in many western countries it is the main basis of their activities*".

Nevertheless, the role of NGOs in Armenia should not be underestimated "*... NGOs play a key role in realization of several programs, in particular in programs on poverty reduction and protection of pregnant women and young children. Moreover, NGOs could be actively used for disseminating information and monitoring the results of reforms. Some NGOs could form expert groups in the future*".

In general, experts considered that NGOs are not actively engaged in the process of healthcare reforms (neither in design nor implementation) because of the monopoly of the state. Therefore, experts concluded that NGOs have no institutional role in implementing reforms in healthcare because, as in the case of social security, NGOs do no meet the requirements of functioning as a social institution. Although many NGOs work for common social needs, their activity is not coordinated by common values, while their activities are often duplicative.

3.3. MAIN OBSTACLES TO IMPLEMENTING REFORMS

In the experts' opinion, there are three main obstacles in the process of implementation of reforms in healthcare:

- Lack of finance. International donors such as the World Bank now finance many healthcare programs. But international donors are interested in global health issues and, some experts believe, by the desire to collect information on the weaknesses of Armenia in order to gain additional leverage to influence it. The experts considered that this fact should be recognized and analyzed.

- The population's lack of confidence in and lack of approval of reforms. Experts pointed out that political parties suggest populist ways of resolving social problems, leaving the development of real solutions and drafting unpopular laws to the Government. The public finds it difficult to accept changes in traditional forms of service delivery.

- Inadequate legislative framework. Many laws are out of date and do not reflect the changing environment. However, redesigning the legal framework is a permanent process and the challenge is to develop new laws on time. Some laws do not work properly due to a lack of finances.

In the experts' opinion, some groups want to perpetuate the poor control of healthcare finances. There is also corruption which is unavoidable in a situation where the system depends on bureaucracy, resources are inadequate, and system of redistribution. Most experts considered that these problems will be overcome if "*.... the "rules of the game" were stable and not changed frequently: reforms should not depend on individuals such as Ministers, who are changing all the time, but on a sound legal framework, efficiently enforced".*

4. TRAINING AND DISSEMINATION OF INFORMATION ON REFORMS

4.1. THE PROBLEM OF TRAINING OF DECISION-MAKERS AND SERVICE PROVIDERS

The problem of training and dissemination of information on reforms was raised by all experts. However, this problem is perceived mainly as a matter of mass media campaigns aimed at disseminating information on current nationwide social reforms. Less attention was devoted to training of specialists responsible for designing and implementing reforms. Interviewers found it useful to distinguish the responses of experts on training and dissemination of information for the following groups of population:

- decision-makers;

- service providers (including NGOs);

- local authorities; and

- direct beneficiaries of reforms and community members.

Experts repeatedly pointed to the lack of common understanding of aims and objectives. The solution was considered to be dependent on education and theoretical knowledge among those implementing reforms. However each of these groups has their own specific needs for training and information.

4.1.1. Decision Makers and Policy Makers

As stated in the *Methodology* section, the main aim of this report is to report on expert assessments of capacities within the GOA (in particular within the Ministry of Social Security and Ministry of Health) and within local government capacities to design and implement reforms in the social sector. Thus, the issue of decision-makers' training is the top priority and experts agreed that the following type of training would be useful in this regard:

1. Consultation with experts (technical specialists with extensive practical experience in reforms and evaluation). This type of training is effective at the first stages of articulating reforms. Experts can be both local and foreign specialists. Local experts should meet the following criteria: 1) theoretical works,

publications on the reforms; and 2) practical experience and skills (observation, research activities abroad, analytical skills, etc.). Foreign experts should have experience implementing reforms in Western countries or in the countries of Central and Eastern Europe. The organization of such training should be done taking into consideration:

1. time limitations and audience, i.e. theoretical lectures should be followed up by focus-group discussions in order to link theory and practice;

2. the principle of training trainers, so that knowledge is transferred from one level of decision makers to another. Thus, Ministers and Deputy Ministers can present the results of expert consultations to the heads of departments, and so on; and

3. testing of ministerial staff to check their knowledge on reform documents, related normative acts, mechanisms of implementation, etc.

2. Organizing workshops, seminars and round tables to discuss implementation problems and possible solutions. Experts, scientists, and advisors can be invited to these discussions not to train, but to share and analyze information, and to develop new solutions based on adaptation of foreign experience.

3. Organizing one- off mass lectures and meetings of top officials to share opinions on a certain situation, a new law, or the introduction of a new principle and approach to problem resolution (such as family benefits).

4. Inviting representatives of tagapetarans (community's governing body) to these training sessions to connect local with central authorities, to elaborate concrete programs within the framework of overall reforms or to analyze the efficiency of programs at a local level.

Experts felt that mass media representatives should be included in such training since they are the main agents of dissemination of information among the population. However, one of the experts noted that "*... there is a lack of normal informative materials in the mass media today as they are not profitable. Mass media needs sensations, which distracts mass media from its role in informing people. Unfortunately, each newspaper now is sponsored by some political power and carries out corresponding propaganda. The population has no confidence in the official mass media. That is why it is necessary to establish feedback systems within the process of reform. Moreover, the dissemination of information without further explanations will lead to the misunderstanding of reform ideas*".

4.1.2. Service Providers

Service providers include directors and employees of regional social services centers as well as other institutions providing social assistance (hospitals, NGOs, etc.). Training programs for this group should reflect that this group works directly with people and understands their problems and needs. In addition, service-providers are mediators and can provide feedback from recipients to decision-makers.

Therefore, training for this group should teach the practical skills of working with the vulnerable population as well as involving participants in joint discussions with decision-makers on overall problems of reform implementation. Therefore, this training should include:

1. Long-term courses (1-2 months), providing knowledge on:

   - methods of working with people (individuals, groups, community social work, basic models of social work, social counseling)

   - methods of working with specific groups (disabled, children, pensioners, needy families, etc.)

   - verbal and non-verbal skills of communication with clients (interviewing, game therapy, art-method, etc.)

2. Short-term courses (1-2 weeks) on new technologies and skills of social work corresponding to newly accepted laws and governmental decisions.

In the context of training social workers, special attention to healthcare is needed. As mentioned earlier, experts pointed out the need to introduce social work in the healthcare system by including social workers within hospitals and polyclinics. Medical social workers will solve social problems of patients. Moreover, integrated courses involving medical staff, social workers and NGO representatives could be an effective way to develop team approaches to solving social problems.

4.2. PUBLIC EDUCATION AND DISSEMINATION OF INFORMATION AMONG BENEFICIARIES

Experts believed that public understanding of the content of reforms and knowledge of social rights and responsibilities are important for successful implementation of reforms. Citizens should be engaged in the reform process by disseminating general information, followed by more targeted public education programs. The dissemination of information should consist of three stages:

1. Familiarization with reforms;
2. Analysis of implementation, including examination of mistakes and successes; and
3. Evaluation of the results of completed reforms.

Experts believed that the first stage should start at the time of the official ratification of reform strategy and tactics, and should be disseminated through:

- mass media (newspaper, radio, TV);
- booklets, brochures, posters;
- organization of round tables and discussions for community members with the representatives of social services in order to explain information received; and
- organization of lectures for community members, introducing their rights in the framework of the reform program, and procedures for receiving benefits.

The second stage, experts argued, can include any form of dissemination, helping to identify local problems, complaints and cases of corruption as well as successes. This stage can be completed through:

- mass media, which will present separate programs/materials, highlighting concrete cases and examples as well as in depth analyses; and
- organizing round tables in regional social services with the participation of the most active and respected members of community. These meeting should be aimed at discussion of the problems and shortcomings of reform.

The third stage has the same aims as the second one, with the addition of one element -- including the most active and respected community members along with social services' staff in the process of monitoring. However, monitoring requires special training for service-providers as well as for community members. Thus, training should include:

- defining monitoring criteria (consultations with experts and specialists can be used at this stage);
- short-term courses on monitoring techniques for service-providers and community representatives.

Establishing effective feedback mechanisms requires the participation of community members in preparing reports and meetings with central authorities.

4.3. DISCUSSION ON THE NEED TO ESTABLISH A SPECIAL BODY RESPONSIBLE FOR TRAINING AND DISSEMINATING INFORMATION

Experts did not agree on a common approach for training and dissemination of information. They found it difficult to define precisely who should be responsible for designing and implementing educational programs. The experts' opinions were divided the following way:

- nearly all experts underlined the special role of the Ministry of Social Security in these issues;
- a significant group of experts supported as important role of NGOs in this process;
- a few experts mentioned the Information Department of the President of the Republic of Armenia, which should work more effectively; and
- in general, it was agreed that there is no need to establish a new body to provide public education and information dissemination.

There is a special department in the Ministry of Health responsible for public relations and preparation of audio and video materials, newspaper articles, press conferences, etc. Most experts considered that there is enough information, provided by all accessible channels of mass media, especially on family doctors issues. However, if the department can meet the need for public information, there is still the problem of training of service-providers and decision-makers.

Summarizing, each Ministry would have to decide separately who will be responsible for providing educational and information programs. In the experts' opinion, there are the necessary human resources in both Ministries. In social services, responsibility for this can be placed on RSSC directors or social workers. It was also mentioned that this process should have a hierarchical structure and feedback mechanisms – from round tables and seminars for top officials, through training of social workers to the dissemination of information among the population.

5. CONCLUSIONS: MAIN PROBLEMS AND POSSIBLE SOLUTIONS

The table below presents a number of generalizations, characterizing the reformation of the social sphere in Armenia. The signs in columns "Healthcare" and "Social Security" mean the following:

(-)   there is no problem

(+)   there is a problem

(++)   there is a serious problem

MAIN PROBLEMS IDENTIFIED BY EXPERTS	SOCIAL SECURITY	HEALTH-CARE	POSSIBLE SOLUTIONS IDENTIFIED BY EXPERTS
1. Lack of common understanding of the state's concept of the reforms by their agents. Lack of common understanding creates a fragmented approach to implementing reforms (for example, in social security, reforms in social insurance are independent of the reforms in social assistance), which impedes the achievement of the overall objectives of reforms.	++	+	Training and disseminating information on the state's concept of reform. Each agency should recognize itself as a part of an integrated process, each with specified subtasks, but functioning in the framework of the overall strategy and tactics. Disseminating information on the reforms through joint discussions with designers and implementers (as well as local and foreign experts) both at the stage of design and at all stages of implementation.
2. Poor institutionalization of the implementation mechanisms. There is lack of clear hierarchy among implementing entities or a clear delineation of their functions. Experts' notions about the roles of different agents of reforms (the State, NGOs, businessmen) is vague. As a result, activities of these agents is unsystematic and uncoordinated. Moreover, local authorities, expected to play important roles in implementing reforms, cannot participate effectively in this process.	++	++	Elaboration of the hierarchical structure of the reform implementation with clear differentiation of the roles and functions of each unit. To prepare the framework for effective institutional mechanisms a new Law on institutional mechanisms defining the status of each unit should be passed.
3. Lack of financial resources	++	+	The main way to resolve this problem in Armenia now is with the assistance of international donor organizations. Armenia lacks the resources today to solve this problem. However, even under these conditions, it is necessary to coordinate reform programs with the state budget and to ratify them in the National Assembly.
4. Lack of qualified specialists and high job turnover	++	-	This problem can be resolved by re-qualification training, employment of new specialists using programs created within Yerevan State University to prepare specialists as well as by signing contracts with employees receiving training to reduce job turnover.

MAIN PROBLEMS IDENTIFIED BY EXPERTS	SOCIAL SECURITY	HEALTH-CARE	POSSIBLE SOLUTIONS IDENTIFIED BY EXPERTS
5. Excess of personnel in healthcare and absence of common standards for qualification of professionals, low salaries, and ineffective use of staff. 6. Reducing staffing in the health care sector will create high unemployment.	-	++	Assigning high status to working specialists, introduction of a Law on social workers. The Ministry of Healthcare is planning to optimize the use of personnel by, among other activities, computerized licensing of existing staff and the development of new education programs for new professionals and the elaboration of common basis for their education.
7. Inadequate legislative framework – absence of laws in some areas, contradictions among existing ones, lack of enforcement mechanisms.	++	++	Timely amendments of social and health care legislation and also in related areas such as tax law and customs to stimulate entry of private capital to resolve social problems.
8. Corruption, in particular while determining eligibility for and delivering social benefits.	++	+	Creation of monitoring and control mechanisms for verifying social services inspectors' work. Establishment of a system to reward and punish employees based on the quality of their work.
9. Lack of training and inadequate systems for disseminating public information on reforms. Urgent need for training and informing service-providers and decision-makers.	++	++	Design of differentiated approach to organizing training and dissemination of information starting with the designers of reforms, then implementers and recipients.
10. Lack of interrelations between reforms in social security and healthcare despite strong ties between the two areas	++	++	Joint discussions involving both Ministries, collaborative decision-making aimed at the optimization of reforms, creation of local joint councils.
11. Lack of clearly-defined criteria for evaluating the efficiency of reforms, poor systems for allowing feedback from the population	++	+	Elaboration of criteria and methods of evaluation with the assistance of local and foreign experts
12. Lack of public preparedness on reforms, psychological barriers among target population (for example, fear of stigmatization from being included in the vulnerable group, attempt to get assistance by any way, etc.)	++	++	Public information on goals of reforms. Work with population through social workers and family doctors. Popularization of reforms through mass media, publication of special booklets and programs dedicated to the honest analysis of the reforms and their obstacles. It is important also to introduce world experience on the increase of accessibility of social services.

Summarizing, the expert survey is a necessary step for identifying problems during the process of reform. Moreover, such examinations allow the identification of those problems identified by experts and problems of the experts themselves (level of competence, information, knowledge, etc.). The survey's results could be richer, however insufficient information and lack of professional knowledge of the experts led to some non correspondence of the data received and expectations of the researchers.

ANNEX 1. GUIDELINE FOR EXPERT INTERVIEWS

This survey is implemented by PADCO/USAID within the framework of the program on Social Transition in Armenia, and will evaluate the capacity of Ministries of Social Security and Health in implementing reforms, and evaluate the possibilities for public education in this field.

A. CONCEPT OF REFORMS

1. What is the idea behind the present and future reforms?
2. What are the main aims of reforms in the field of social/health reforms? *(INTERVIEWER – this question can be concretized for the department, where the interview is being held).*
3. What are the main tasks/ways, which will provide the implementation of the aims?
4. What kind of social programs are involved in general conception of reform *(INTERVIEWER – e.g., disability, lone parenthood, war veterans, etc.)*?
5. The social programs that are being implemented at present – are they connected with the future reforms?
6. Could you highlight within the reforms...

   6a. The measures/instruments of the reforms?

   6b. Description of steps?

   6c. Levers Used?
7. What are the pre-conditions for these reforms?
8. On what are the reforms based?
9. What are the priorities of your ministry in regard of current and future reforms undertaken?
10. The needs of which vulnerable groups do you intend to meet by implementing these reforms?
11. Do you think addressing the needs of the most vulnerable groups will be included?

B. EXPERTS' OWN UNDERSTANDING OF CONCEPT OF "REFORM"

12. What is a reform in your field from your point of view? What are the purposes, tasks and instruments of reforms?
13. Which phases should be involved in implementation of reforms? Which phases have been achieved so far?
14. What do you consider as criteria of social programs' effectiveness?

C. MAIN BARRIERS TO REFORMS

15. What are the main barriers in the way of social reforms?
16. Do you think there are any barriers in the legislative framework? Do you think that the absence of any laws could become an obstacle for implementation of reforms? If yes, which laws?
17. Are there any laws, which do not have appropriate mechanisms for implementation? If yes, which laws' implementation mechanisms do not function properly?
18. What do you think, which bodies have to a. design, b. implement the reforms? Do you think the ministry has to do that?
19. Do you think the ministry has enough material and human resources capacity to implement these reforms?
20. Do you think there is a need to recruit new personnel? If yes, what kind of personnel?
21. Are there any mechanisms for monitoring/controlling the personnel of the ministry?
22. Do you think that the local administration could a. design b. implement the reforms?
23. Do you think there is a need for recruiting new personnel in the bodies of local administration? If yes, what kind of personnel?
24. Are there any mechanisms for monitoring/controlling the personnel of the local administration?
25. What is the role of NGOs in the implementation of reforms?

26. What is the role of people in the implementation of the reforms? Which classes are interested in the implementation of these reforms?

27. How do you assess the capacities of your level of organization (department, ministry, etc.) in overcoming mentioned barriers?

28. Do you think that your department/level of organization a. will assist b. will hinder the implementation of the reforms? What changes are necessary for the effective functioning of your department/level of organization?

29. Do you think any external assistance would be helpful? If yes, what kind of assistance?

30. Are there any problems in relations between the central and peripheral structures in the context of reforms?

31. Do you think that bribery could become a serious obstacle in achieving the aim of these reforms?

32. What other obstacles do you see?

33. What is the way of overcoming them?

D. PUBLIC EDUCATION

34. Could public attitudes become an obstacle in implementation of these reforms? If yes, then which groups (ministry personnel, bosses, recipients, etc.) and why?

35. Do you think there is a need to inform the public about new social programs? If yes, then on what scale?

36. If yes, what are the most efficient ways of informing the public? In your opinion, what role could television and the media play? What do you think – is there a need to organize special courses, discussions, round tables in educational institutions, where both policy-makers and potential recipients could take part?

37. What could be done to inform the public?

    37a. Ministries *(INTERVIEWER. find out exactly which departments, and what are the mechanisms of implementation)*

    37b. Local authorities *(INTERVIEWER. find out exactly which departments, and what are the mechanisms of implementation)*

38. What other bodies could participate in this process? Is there a need for creating any new ones?

39. What support is needed to strengthen the capacity to provide public outreach and education?

E. EXPECTED RESULTS OF REFORMS

40. Are there any mechanisms for receiving feedback from recipients? How is the population informed? Do you consider the demands of people? What is the mechanism of responding to them?

41. Does feedback influence the decision-making process?

42. How to make the results of the reforms visible? What kind of assessment measures (criteria) of the reforms' results could there be?

43. What kind of monitoring system could exist at each level (ministry, local administration, community)?

44. What other aspects of reforms' design and implementation do you see, and which you would like to discuss?